MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will be in a period of morning business until 1:45 p.m., with Senators permitted to speak therein up to 10 minutes each, with the time equally divided between the two leaders or their designees, with the majority controlling the first 30 minutes and the Republicans controlling the next 30 minutes.

The Senator from Delaware.

BURWELL NOMINATION

Mr. CARPER. Mr. President, while Senator MCCONNELL is still here in the Senate Chamber, I wish to follow up on his comments about the loss of Christopher Stout.

My wife and I have a son of our own named Christopher. He is roughly 10 years younger than Christopher Stout at his death. So as soon as Senator MCCONNELL began talking about the loss of his life, it resonated with me as a father. It also resonated with me as a former commander chief in the National Guard for 8 years and as a Navy veteran who served three tours in Southeast Asia in the Vietnam war.

Sometimes we don't focus enough on what is being accomplished by our service men and women such as Christopher Stout and their service to our country in Afghanistan and our purpose there. Our role has been to go into a place in which 9/11 attacks were conceived and guided, killing thousands of Americans. Our purpose is, as we draw down on our troops there at the end of this year, to be down to about 9,800 troops, roughly half a year from now, and even fewer in the years to come. But our goal is threefold; that is, when we leave, we leave behind not only a place that is less likely to foment and launch attacks against this country or any other country, but also we leave behind a country that can feed itself, defend itself, and govern itself.

The Presiding Officer was adjutant general for the State of Montana, and he understands full well, having served in combat and for a long period of time, the importance of the role the Christopher Stouts have played and the reverence we hold for them and for their service in life and beyond.

I also hasten to add in following up on the minority leader's comments, there are some things we had in the military. I served 5 years Active Duty, 18 years Reserve as a P–3 aircraft naval flight officer and later as a mission commander. There are some things we had in the military that frankly a lot of people in this country haven't had for too many years. Until last year about 40 million people in this country did not have health care. They did not have access to health care, and we have changed that. We have changed that dramatically.

Does everybody have access to affordable health care today? No, but we no longer have 40 million people anxious to get access to health care. That has been cut by roughly one-quarter. We will reduce it again this year and again next year, but among the things we had in the military is an annual physical. The idea is that you actually get an annual physical in your birthday month. My birthday month is January. I got my first annual physical, I think, when I was 17 from a Navy doctor, and I got them for years and years after that.

A lot of people in this country, including people on Medicare—they could have lived to be 105—and until about 3 years ago with the option of the Affordable Care Act they got one annual physical paid for by Medicare when they turned 65 and joined Medicare. That was it. It was called the Welcome to Medicare physical. If they could have lived another 40 years, they would have gotten another one paid for by Medicare.

The reason the military provides annual physicals for its members, Active Duty and Reserve, is in order to catch health care problems when they are small, when they can be treated, and we do this to save money. I served in the military and in and out of military bases all over the country, all over the world, and in almost every one of them there was not just a doctor, a Navy corpsman and so forth, but there was a place to go—if you had a problem and needed medical attention, you could get it—a clinic. Today we have thousands and thousands of clinics all over this country where people, whether they have 5 cents or $5 or $50 to their name, have health care coverage. They can go get primary health care. They can get primary health care. We have grown dramatically access to primary health care in places all over America, not just Delaware but all the other 49 States as well.

There has been a lot of attention on the VA, some of the very disappointing circumstances that are going on in Phoenix and other places such as that in terms of waiting lists, and they need to be aggressive and they will be, but one of the great innovations the VA came up with 15 or more years ago was electronic health care records.

When I was in the Navy and on Active Duty, and the Presiding Officer may remember, we used to carry around with us—roughly this size—a brown manila folder, and it included my medical records for years, from the time I got my first physical as a 17-year-old Navy midshipman until my last one. People on Active Duty don't carry these around anymore. We have electronic health records pioneered by the VA and now we have them in the Department of Defense. The reason we have them is because it enables us to better coordinate delivery of health care to people who otherwise may not have it. The Affordable Care Act actually introduces for the first time for millions of people electronic health care records, not for them to carry around or access necessarily—although, in some cases they can—but so the people providing care for them can do it in a better coordinated and smarter way and a more cost-effective way, providing better results for less money.

The other thing we had in the military was the medicine. If someone needed to take medicine, prescription medicines or that sort of thing, they could actually get a medicine that was going to help them, keep them well or help them stay well, be productive. We adopted about 7 or 8 years ago the primary Medicare Part D prescription drug program in Medicare which has turned out to be a great success, although they had a big problem with it when people would fall into the doughnut hole. A lot of folks who got pretty good coverage for maybe the first half of the year would lose their coverage and have to pay. They didn't get any help from Medicare Part D. We started fixing—filling the doughnut hole—with the passage of the Affordable Care Act, and over the next 6 or 7 years we will complete fixing that doughnut hole and people will not fall off the cliff, the Medicare Part D participants, as they have been, because of what is in the Affordable Care Act. Do you know who pays for that? The pharmaceutical companies pay for that, not the taxpayers. The pharmaceutical companies pay for that expansion, making Medicare Part D a good program, cost-effective, under budget, and 85 percent of the people who use it like it. All of those things coincide with the benefits we enjoyed in the military, and they are made available in part and parcel for more people through the adoption of the Affordable Care Act.

Are there problems with the Affordable Care Act? Sure there are. Are there things we need to fix? Sure we should. Will Sylvia Mathews Burwell help us fix those? She will provide great leadership. She and I, interestingly, have our lives intertwined in a strange way. We found out when I first met her. I called Erskine Bowles. I learned over 1 year ago the President had nominated Sylvia Mathews Burwell to be President Obama's OMB Director. I noticed she had worked in the Clinton White House with Erskine Bowles when he was Chief of Staff to President Clinton the second term.

So I called Erskine, and I said: Tell me about Sylvia Mathews Burwell.

He said: I will tell you about Sylvia Mathews Burwell. I have known people as smart as Sylvia. I have known people who are as good at working with other people as Sylvia is. I have known people as good as Sylvia at getting things done. I have not known one person who does all three of those things as well as she does.

He told me a story when she was working as Bob Rubin's right-hand person, top assistant. Bob Rubin was then the Secretary of the Treasury. President Clinton was meeting with Chief of Staff Erskine Bowles, Bob Rubin, the

Secretary of the Treasury. Bob Rubin had one of his top aides with him, Sylvia Burwell. Erskine recounted the story of how the President was grilling Treasury Secretary Rubin on a particular issue and Secretary Rubin was kind of struggling to respond in an appropriate way to the President's inquiries. Sylvia Mathews Burwell, the assistant, wrote a note, and when the President was not looking, handed it discreetly to advise Bob Rubin, who glanced at the note and then reengaged the President on the issue, and the President said: That is a brilliant insight. That is really a brilliant insight, Bob.

Erskine Bowles, not to be deterred, said to the President: Mr. President, Sylvia wrote a note and gave it to him. That is how he was able to give you that answer.

If I had people as smart as Sylvia on my staff, I would look a lot smarter too. But she covered herself with glory in those years at the White House. She finished up. This is a gal who grew up in Hinton, WV, a little coal mining town on the New River where I lived when I was 4 years old. Her husband Stephen proposed to her at the Blue Stone Dam on the New River where my grandfather and father used to take me as a little boy to fish.

She later graduated from Hinton High School, a public high school, a little coal mining town. Where did she go to school? She went to Harvard. After that where did she go to school? She was a Rhodes Scholar. She went to Oxford, and she came out and she went to work for a great consulting company, McKinsey & Company, and started working in the White House doing all kinds of things during the Clinton administration, higher and higher responsibilities, ending up as OMB Deputy Director the last part of the year, when we actually had four balanced budgets in a row, if you will recall.

She knows how to manage. She knows how to manage people, she knows how to manage financial resources, and she is terrific working with people. That is why Senator TOM COBURN, my wingman in terms of leadership on the Senate Committee on Homeland Security & Governmental Affairs, actually came along with Senator JAY ROCKEFELLER from West Virginia, actually came, a Republican and a Democrat, to introduce her for her confirmation hearing before the Senate Finance Committee, on which I served, to endorse her candidacy. I thank Dr. COBURN for doing that. One would expect Senator ROCKEFELLER to do that. He has been a longstanding huge fan, but Senator COBURN and I have only gotten to know her for the last year and a half and have loved working with her and think she has done a terrific job at OMB and that she will do a terrific job at the Department of Health and Human Services.

I wish to say a special thank-you to her parents who are still alive and who still live in Hinton, WV, a real thank-you for raising not one but two young women, including Sylvia's younger sister Stephanie, for instilling the kind of values and the kind of education in them that has enabled them both to go on and do extraordinary things with their life.

I say thank you to Stephen, who proposed marriage to then-Sylvia Mathews at that Blue Stone Dam on the New River all those years ago. I thank him for sharing his wife with our country. These are tough jobs, demanding jobs, and in some cases thankless jobs, and he is willing to take on some extra responsibility as a dad in helping to raise their children, both under the age of 10. I think Helene is about 6 and I think the younger daughter is maybe 4 years old. They know their mom is changing jobs. They know she still has a job. If we confirm her today, it is a huge job.

Is there work to do? Sure, there is. Is there work to do in implementing the Affordable Care Act? Sure, there is. Is there work to do in tweaking it and making it better? Sure, there is.

I will close with this for my Republican friends—and I love them all. For my Republican friends who moan and groan about the enormous burden the Affordable Care Act is putting on the American people, let me say this: I have a friend who if you ask him: How are you doing, says: Compared to what?

If things are so bad now with the Affordable Care Act, let's just say: Compared to what?

Here is where we were 3 or 4 years ago. The country of Japan spends 8 percent of their GDP on health care. We spent 18 percent, until recently, with the Affordable Care Act. They get better results, higher rates of longevity, lower rates of infant mortality, arguably better results than we did until at least a couple of years ago, and in Japan they cover everybody. Until this year we had about 40 million people who went to bed at night who did not have health care coverage.

I regret that anybody who is inconvenienced or disadvantaged all because of the adoption of the Affordable Care Act. I regret it for every one of those people, but you know what. I regret that all those folks in this country, tens of millions of them, didn't have access to health care. I regret the fact that all those people on Medicare never got a second physical, and if they had gotten one, they would have a much better life. I regret that all the folks in the Medicare prescription drug program—millions of senior citizens—fell into the doughnut hole and stopped taking their medicines and got sick, had to be hospitalized, and ended up in nursing homes. It cost a lot of money and they died with not a happy life. I feel badly for them.

My dad used to say to us, rather than moan about our problems, fix them—fix them. There are plenty of things we can do to make the Affordable Care Act better. I know what they are. But the idea about going back to where we were? That dog doesn't hunt. It is not a good thing in Delaware and I don't think it is a good thing in Kentucky, where Gov. Steven Beshear has led, provided great leadership in his State to make sure the hundreds of thousands of people who needed health care have it today who didn't have it before.

We want to make sure the opportunity they have realized in Kentucky and those States that don't have that opportunity, that have no exchange to sign up in—they have no expansion of the Medicaid Program—my hope is they will look to Kentucky as an example and to Delaware as an example, to see what we can do for our people.

Last point. Most of the people who serve here are people of faith—some are Protestant, some are Catholic, some are Jewish, different religions. Most people here are people of faith. Most of our sacred Scriptures have a couple things in common. One of the things they have in common is the Golden Rule. Chaplain Barry Black, who gives the opening prayer most days the Senate is in session, likes to say that the Golden Rule is: Treat other people the way you want to be treated, love thy neighbor as thyself. He says those are the CliffsNotes of the New Testament. As it turns out, the Golden Rule is the CliffsNotes of every major religion in the world. I don't care if you are Protestant, Catholic, Jewish, Muslim, Hindu, Buddhist, almost all of them have something like the Golden Rule in their sacred Scriptures.

In the New Testament, in the Book of Matthew, Matthew 25, there is something we have all heard. Not everybody knows where it came from or even that it is in the Bible, but it is. The Scripture talks about, when I was hungry, did you feed me? When I was thirsty, did you give me to drink? When I was naked, did you clothe me? When I was sick and in prison, did you come to see me?

Matthew 25 doesn't say anything about when I had no health care, and when I had to depend on the emergency room for health care when I got very sick and ran up a big tab that somebody else had to pay for because I was hospitalized for a while—a long while. It doesn't say that in Matthew 25, but the intent is the same.

Where were you? We were here, and we voted to try to do something about it, to make sure people did have better access to health care, and we can improve on what we have done and we need to do that. We have a moral imperative to the least of these in our society to look out for them, to help them look out for themselves as well. We also have the fiscal imperative given our budget constraints to meet that moral imperative in a fiscally responsible way. Sylvia Mathews Burwell understands that as well as anybody I know. She has demonstrated that in her leadership in OMB. She will demonstrate that if we confirm her today to be the Secretary at the Department of Health and Human Services.

I hope my colleagues, Democrats and Republicans, will follow the leadership of Senator TOM COBURN, a Republican from Oklahoma, and his wingman TOM CARPER, a Democrat from Delaware, in supporting this nomination.

With that, I yield back the floor and suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. GRASSLEY. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. GRASSLEY. Mr. President, this afternoon we are going to vote on the nomination of Ms. Burwell to be the Secretary of HHS. I am going to support that nomination. I am here on the floor to alert people to some of the problems she will face and hopefully she can correct.

For starters, I hope that everybody remembers the government has checks and balances. Congress passes laws, the executive branch enforces them, and it is our responsibility to make sure that those laws are enforced according to the intent of Congress. When they are not enforced, we have a responsibility to point that out, and that is what I will be doing. I hope she will be able to correct the issues that my colleagues and I will be pointing out this morning.

We also have a situation where Congress passed the Affordable Care Act, and in that process the President has done a lot of things that some of us think are illegal and in some cases even unconstitutional. Hopefully, she, as the new director, will make sure that those practices don't continue.

When Ms. Burwell was nominated, I said that anyone put in charge of ObamaCare would be set up to fail. The theme of this law has really been ''by any means necessary.'' In other words, it doesn't really matter what the law says, do whatever it takes to get this program underway: the President can fix it later. He has done that 38 times—and surely sometimes contrary to what the law says and contrary to the oath he took to uphold the laws of this country: The legislative process was certainly, by no means, necessary; if you want to change it, change it.

The implementation of this law has operated similarly. The department we are considering Ms. Burwell to lead has ignored the plain read of the statute whenever it was considered necessary. In other words, don't bother to come to Congress to correct something you think is not working; just correct it yourself. Deadlines were considered to be written in pencil.

If the statute needed to be creatively reinterpreted to make the program work, the Department of HHS did so, and that still continues today. Consequently, that is why I am pleading with Ms. Burwell to change things.

The Department is supposed to implement the employer mandate, which is a year overdue, and it has been significantly altered from the statute. The Department is supposed to implement risk corridors this year, although the legal authority to distribute funds is questionable and the standards used to make those distributions will likely be kept very quiet.

Speaking of things that will be kept quiet, Congress is going to want to know what the premiums will be next year for health insurance. We consider the information very important and relevant.

My State of Iowa is considered to be one of the States most at risk for premium spikes. The Department will want to use any means necessary to hide the premiums until after the November elections unless, of course, the premium numbers are good, and then I am sure the Department will shout them from the rooftops, much as they did with enrollment numbers.

We have heard over and over about enrollment numbers, but the enrollment numbers don't tell the whole story—not even close. I was under the impression that the law was supposed to increase coverage and lower costs. So far that is not the case. The independent research firm McKinsey found that 74 percent of the people getting coverage through ObamaCare plans were previously insured. If those numbers are accurate, that means one in four people getting coverage was previously uninsured. Certainly that is what I hear from my constituents. They have had to change their coverage, and often that coverage has been much more expensive.

Furthermore, the McKinsey research also found that the majority of people who shopped for an ObamaCare plan but did not purchase that plan cited affordability as the No. 1 reason for not buying that insurance.

A poll released by the Kaiser Foundation found that roughly 4 in 10 uninsured Americans named affordability as their primary reason for going without health insurance. It is not working as it was intended.

I hope Ms. Burwell will change the relationship the Department has with Congress. I hope she will be willing to break the ''by any means necessary'' mindset that we have seen for the last 5 years. I hope she doesn't disappear into the bunker over there in that office building and that we will never hear from her again.

Her challenge is very severe. The law appears to be shifting around the previously insured more than it is covering the previously uninsured. The previously uninsured are citing costs as a primary reason for not purchasing insurance.

I will support the nomination of Ms. Burwell today and hope that down the road—several months from now—I am not sorry I did that. I think she is a person who has the capability of turning things around, and that she will do that. But the law remains far from being worthy of support.

I yield the floor and suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. THUNE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. THUNE. Mr. President, the ObamaCare train wreck just keeps rolling on. Every day it seems there is another story about another ObamaCare failure.

Mr. President, 80,000 Oregonians must reenroll in health plans after the State's ObamaCare exchange site failed. The health care coverage of 2 million Americans enrolled on the exchanges could be in jeopardy.

The Congressional Budget Office says there have been so many delays and changes to ObamaCare that it can no longer estimate the fiscal effects of the law. And that is just the ObamaCare news from yesterday. The Democrats' victory lap is a distant memory replaced by the constant flow of stories about ObamaCare's many failures. Americans are losing their health insurance, Americans are losing their doctors, Americans are unable to obtain medications, employers are facing higher costs, and employees are facing higher costs. The list goes on.

The President promised that his health care law was going to be a solution for American families. If they liked their health care plans and their doctors, they could keep them. If they didn't like their health care or if they didn't have health care, they would be able to get an affordable plan. Those were the promises that were made.

Unfortunately, Americans quickly discovered those promises were not to be kept. Millions of Americans were forced off their health care plans and into the exchanges where they frequently found they were paying more and getting less. Too many Americans discovered their new health care coverage meant losing doctors and hospitals they liked and that their choice of replacement was limited.

When the President was campaigning for his health care law, he claimed families would see their health care premiums drop by $2,500. In fact, health care premiums have increased by almost $3,700 under the President, and they are still going up.

Middle-class Americans are hurting. The past 5½ years of the Obama administration have brought higher prices and fewer opportunities. Gas prices have almost doubled. Food prices have risen. Meanwhile, Americans' household income has declined by more than $3,500 on the President's watch. So Americans who once confidently expected to be able to put their children through college and retire comfortably are now struggling to make ends meet. Too many families are living paycheck

to paycheck, desperately praying they won't be faced with any unexpected bills. ObamaCare was supposed to make things better for these families. It was supposed to make health care more affordable and ease Americans' health concerns. Instead, it is making things much worse.

Today the Senate will vote on Sylvia Burwell's nomination to be Secretary of the Department of Health and Human Services. As much as Democrats might want it to be true, a change in personnel at the Department of Health and Human Services won't make the mess ObamaCare has created disappear. Changing HHS Secretaries isn't going to lower Americans' health care costs or give them back the doctor or the health plan they lost. It is not going to help the small businesses that are struggling under ObamaCare's burdensome mandates or restore the $1 trillion Americans will lose in wages, thanks to the health care law. It is not going to bring back the jobs that have been lost as a result of ObamaCare.

Every Senator who voted for this law owes the American people an explanation. Every Senator who voted for this law ought to be telling American families what he or she is going to do to fix this mess. Americans deserve better than ObamaCare, and we could give them better than ObamaCare, if Members of the Senate would decide this was the wrong approach and decide to go in a different direction. I hope eventually they will come to that conclusion.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Wyoming.

Mr. BARRASSO. Mr. President, I come to the floor today with huge concerns about the Obama health care law. I do it as a physician, as a doctor, who has taken care of families all around the State of Wyoming for a couple of decades; as a past president of our State medical society; as someone committed to preventive care, coordinated care; as the medical director of the Wyoming health fairs to give people low-cost screenings for health care around the State Those continue today. There is one in the small community of Afton, WY, this very Saturday—2 days from today. So the effort continues to actually make sure people can get prevention, early recognition of problems, and actual care.

The President's health care law hasn't done that. The President keeps focusing on the word ''coverage'' instead of what people wanted, which was care. It is interesting today, because in the Wyoming Tribune Eagle, front page, today's newspaper, headline: Health-care law plagued by inconsistencies. At least 2 million people, the headline says, enrolled in insurance have problems with data that could affect their coverage. This is an Associated Press article on the front page of the Wyoming Tribune Eagle. A huge paperwork headache for the government could also be jeopardizing coverage for some of the people who just got health insurance under the President's health care law.

The President went on television 4 days before the kickoff of the exchanges and said this is going to be easier to use than amazon.com. He said that. It is cheaper than your cell phone bill. And, of course, he said people could keep their doctor if they liked their doctor.

When people see how this rolled out and the problems they have had with it, they now have huge concerns about whether they can actually trust the Federal Government with anything. They see all of the problems coming out of Washington and they are saying, Why should we trust the government, the Washington-based government, with anything?

Let's take a look at some of the States that set up their own exchange. Yesterday's Wall Street Journal: State Exchanges Seek Costly Fix. Five States that launched health exchanges under the Affordable Care Act expect to spend as much as $240 million to fix their sites or switch to the Federal marketplace.

Not one person is going to get care because of that. That is $240 million to fix the bad sites that have already wasted money. How can people in these States of Oregon, Minnesota, Massachusetts, Maryland, Nevada—how can they say this is good for them? This health care law—for people who wanted the care they need from a doctor they choose at lower cost find more wasted government money—in Oregon alone, $255 million, money previously spent. The FBI is investigating them now in Oregon because of this. They say they want more money to upgrade the system. Minnesota: $141 million. What are we hearing from Minnesota? We are hearing school districts say we have to pay a lot more, so we are not going to be able to pay for teachers. We are not going to be able to pay for bus drivers. We are going to have to take it away from students to pay for the mistakes of this administration, this government, this law forced down the throats of the American public and voted for by many in this Chamber who never read it. They never read the bill, because they trusted NANCY PELOSI. She said, First you have to pass it before you get to find out what is in it.

We don't have to turn the clock back very far to go to the June 4 article posted in Roll Call, the local paper. Headline: Fiscal diagnosis—now, as a physician we do a physical diagnosis, but they are talking about a fiscal diagnosis: Fiscal Diagnosis Only Gets Tougher for Health Care Law. The first paragraph says, For Democratic lawmakers who were hesitant to sign onto this sweeping 2010 health care law, one of the most powerful selling points was that the Affordable Care Act would actually reduce the federal budget deficit . . .

Four years later, headline: Fiscal Diagnosis Only Gets Tougher for Health Care Law.

So we can talk about all of those numbers, but I want to talk about people who have actually been hurt by the health care law. There are people who have been helped, but there are many who have been hurt. People in my State—thousands and thousands—have had letters of cancellation. If they have gone onto the Web site and bought insurance, they found they paid a lot more for what they had to buy, because a lot of times it wasn't actually what they needed for themselves or for their family or what was best for them; it included coverage they would never use and don't want but still had to pay for, because the President seems to think he knows better what that family in Wyoming wants or needs than they do. That is not what America was built on—the government telling people what they have to buy, what they have to choose, what they have to have as their health insurance or their care.

It is interesting that even National Public Radio has a story about a couple, a family—because one of my colleagues from Connecticut comes to the floor and says he thinks ObamaCare is working. This couple says it doesn't work—does not work. ''Frustrated By The Affordable Care Act, One Family Opts Out.'' This is a family in Texas, reported on National Public Radio. Rachel's husband wanted to make sure they had insurance. Rachel was skeptical, but Nick, her husband, went on line and started shopping. He had a lot of trouble getting through the glitchy Web site at first, but eventually he found a plan that would work just for his wife. He was concerned about his wife. She was pregnant. So this past January, as soon as the plan began, Nick printed out a list of obstetricians from the plan's Web sites. He said: I handed it to Rachel, fully confident, fully feeling like I had accomplished something for her, I had come through for my wife.

Well, they called obstetricians because she was pregnant. Some would just say, We don't take Obama. One of the best was: ''The doctor takes it here in the actual practice, but whatever hospital you use''—none of those hospitals take ObamaCare.

She said: It was mind numbing, because I was sitting there thinking, I am paying close to $400 a month just for me to have insurance that doesn't even work. What am I paying for?

How could this not be working, her husband said. The United States Government has set this up. It is this whole big deal, he said. They are having commercials everywhere saying we need to use this, and these people are just saying, no, no, no, and it just made me so mad.

So, as the headline says, they opted out.

That is what the President has given the American people; not affordable care, not available care, not quality care, not access to care but a lot of promises not delivered upon. Many people across this country have been hurt by this health care law.

I am going to continue to work on ways to reform health care in America in a way that is good for patients as well as the providers who take care of them, and responsible for the American taxpayers.

Thank you, Mr. President. I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Ohio.

Mr. PORTMAN. Mr. President, my colleague from Wyoming, Dr. BARRASSO, has been talking about a lot of the issues related to the Affordable Care Act, otherwise known as ObamaCare. He has talked about the fact that the mandates in this legislation don't work for many Americans. The one-size-fits-all approach that was taken doesn't work in my State of Ohio and around the country.

He also spoke about the cost. Unfortunately, it is not the Affordable Care Act; it tends to be, for a lot of people, the unaffordable care act. Costs have gone up already too high. We are now finding a lot of small businesses in my home State of Ohio are simply squeezed to the point where they are worried whether they will be able to provide health care at all, given the huge increases in cost.

These are all very serious concerns and reasons that I think we need to repeal and replace with policies that work better to provide people more choices and provide people lower cost of care so they can get health care for themselves and their families.

I want to talk about a very specific aspect of ObamaCare and its implementation that concerns me. I came to the floor a couple of days ago to talk about this because I had just learned, actually from some press reports, about some potential problems with implementation. Unfortunately, since that time it has been confirmed through other sources that many of my concerns are legitimate. The concern is very simple: That despite assurances by the administration to the contrary, they have yet to put in place a mechanism to assure that the people who are getting the subsidies under ObamaCare are eligible for them. This is a major problem because we are talking about billions and billions of dollars. It is a surprise, probably, to a lot of my constituents and other folks who might be listening today that the administration hasn't even put in place the basic processes, the mechanisms we would expect in an automated system, to ensure that when people apply for these subsidies—which are substantial; up to 400 percent of poverty, remember, and up to 10,000 bucks for a family of 4, for instance—that they may or may not be eligible and yet they may be getting these payments. Some people may be overstating their income and some people may be understating their income, and some folks may get a very unfortunate surprise of a big tax bill because of it.

It is unbelievable that after a few years of implementation, still there is not in place some sort of a system to ensure that the right people are getting these huge amounts of taxpayer dollars. Improper payments of these subsidies may be going, we are told, to over a million people who aren't eligible to receive them. Yesterday the Associated Press reported that the number is actually closer to 2 million people who are receiving subsidies, despite apparent discrepancies between what they are submitting—the data they are giving about their income information—and what the IRS already has. By the way, the Health and Human Services folks and CMS confirmed this report yesterday when they said: ''The typical family of four generated 21 separate pieces of information that required verification, and all were attested to under penalty of perjury.'' Given that we expect this subsidy program to cost about $36 billion this year alone, these improper payments would likely result in billions of wasted taxpayer dollars.

So at the very least, I am concerned that folks are going to find they have some very unpleasant and unexpected tax bills coming up, and the most we are seeing is a lot of taxpayer dollars that aren't going to the intended purpose.

It is not as if we did not anticipate this problem. This is obviously something a lot of people thought about and talked about. In fact, we knew it would be difficult to verify all these dozens of pieces of information we just heard about from CMS. That is why last year Congress acted in a bipartisan fashion to require the Department of Health and Human Services to certify that it had these controls in place to verify the eligibility of subsidy recipients. We enshrined that requirement in law as part of what was called the Continuing Appropriations Act—better known as the Ryan-Murray budget agreement—at the end of last year. Part of the Ryan-Murray budget agreement was to say that CMS at HHS had to have in place these controls to ensure people were getting the funds that were appropriate for them.

On January 1, as required by law, Secretary Sebelius certified to Congress ''that the American Health Benefit Exchanges [the so-called marketplaces] verify that applicants for advance payments of the premium tax credit and cost-sharing reductions are eligible for such payments and reductions, consistent with the requirements of [the Affordable Care Act].'' So Secretary Sebelius made certain commitments there. She also further told Congress that the exchanges had ''implemented numerous systems and processes to carry out'' their verification responsibilities, including their income verification responsibilities. So this is an assurance given to us by the Secretary of Health and Human Services. We are now learning through reports in the press—which were spurred by confidential sources within HHS, by the way—that these verification methods are not in place or, if they are, they are very poorly functioning at best. In fact, HHS is planning to begin the verification process—here we are 5 months later—for some of this information by hand at some point in the future.

When I learned of these reports—and they have been in the Washington Post and they have been in Politico—I hoped they were mistaken. So I wrote to the Secretary of Health and Human Services. I also wrote to the IRS Commissioner—this was last month—asking if these allegations were true and, if they were, what HHS was planning on doing about them.

If the Post or Politico got the story wrong, I would have expected a quick response saying: No, these reports are wrong. The internal reports they are referring to are inaccurate.

But instead I did not get an answer. I gave them until June 1 to give me an answer, to give them some time to get back to me. It is now June 5 and I have received nothing—nothing to address my concerns. In fact, I have received no answer at all. I know some of my colleagues have raised similar concerns without receiving answers. Like so many issues that have arisen with the implementation of ObamaCare, the administration's response has been nothing but silence and stonewalling—no transparency.

We do not have time for political games. The American people do not have time for it. We have true budget pressures. Folks are already paying a lot in terms of income taxes. They do not want to pay more. They certainly do not want the income taxes they are paying going to folks who are not eligible for this $36 billion worth of benefits going out this year.

Since the administration refuses to voluntarily provide the information we need to do our job overseeing the expenditure of these funds, I think serious action is necessary. That is why today I am making a formal written request to HHS Inspector General Daniel R. Levinson to begin an investigation into these reports which call into question the accuracy of the Secretary's certification required, again, by the Continuing Appropriations Act, the Ryan-Murray legislation at the end of the year.

I know the IG is scheduled to provide a report to Congress next month regarding how effective HHS has been in preventing subsidy payments on the basis of inaccurate or fraudulent information, but in light of the apparent inconsistencies between the Secretary's certification and the recent media reports, I think a more in-depth and targeted investigation is warranted. The IG's office has promised that ''ensuring that taxpayer dollars are spent for their intended purposes'' under ObamaCare is its ''top priority.'' That is what that said. So these allegations certainly should strike at the very heart of that mission.

If it is true that HHS has failed to implement a modern, effective system

for verifying the eligibility of folks seeking subsidies, we need know about it. They say sunlight is the best disinfectant. Well, I think that is the case here. The best way to ensure that these tax dollars are not wasted is to simply get the information. Let us know what is going on.

I hope the Obama administration and, after her confirmation—I think she will be confirmed—Secretary Burwell will show their commitment to responsible government by joining me in calling for this investigation and responding quickly and accurately to whatever shortcomings it uncovers. But if the administration does not, then it will fall to those of us in this Chamber on both sides of the aisle to take action. I sincerely hope it will not come to that.

I plan to support Director Burwell's nomination today because I think she is a manager, and I think that is what we need right now at the Department of Health and Human Services. I would say this ought to be one of her top priorities as the new manager at HHS—to ensure that the problems we have seen with the implementation of ObamaCare do not continue and specifically that we are not seeing huge amounts of taxpayer dollars being misspent, being wasted through inaccurate verification of these subsidies.

With that, I yield the floor for my colleague from Nebraska.

The PRESIDING OFFICER (Mr. BOOKER). The Senator from Nebraska.

Mr. JOHANNS. Mr. President, at the very start of my comments, let me make it clear that the nominee we are voting on today will have my support. I like her from a personal standpoint. I think she is competent. I think she is able to do the job that is before her. But I do believe the problem she is going to face is that this law is so fatally flawed that she cannot be successful in implementing it.

The simple fact is that it is deeply flawed, and it was from the beginning. The policy simply does not work. We know now that ObamaCare drives up costs, it comes between the doctor and the patient, and it limits health care choices for individuals and for their families. But I urge the new head of HHS—when and assuming she is confirmed—to address all those things that are within her control.

It is critical that the new leader work to restore the transparency and accountability that has been lacking at this Department. One of the latest has been mentioned in other comments by Senators, but it is especially disturbing. It comes from the Washington Post. The article from the Post said: ''The government may be paying incorrect subsidies to more than 1 million Americans.'' Mr. President, 1 million Americans are getting incorrect subsidies. The article goes on to say that the computer systems necessary to verify individuals' income were either defective or they were not even built. That calls into question Secretary Sebelius's commitment to Congress in January that, in fact, the systems were ready and they were working.

Senator MORAN and I wrote a letter. We asked for answers from HHS about this news report. Well, nothing but crickets, no response whatsoever.

Just yesterday the Associated Press reported that more than 1 in 4—or at least 2 million—ObamaCare exchange enrollees have data discrepancies, casting even more doubt on HHS's competency to administer the ObamaCare subsidies.

Families could be in for a shock next April when the IRS notifies them that they must repay money to the Treasury because HHS miscalculated their subsidy. This is troubling because Nebraskans are definitely feeling the effect of ObamaCare, just like citizens across the country. Let me talk about a couple of stories quickly.

A college instructor from Nebraska wrote to me saying:

> Due to ObamaCare, I will be unable to teach more than two courses per term.
>
> Overall, I am losing at least 20 percent of my adjunct income, and I will definitely be in a rough situation with zero money coming in this summer.

Regarding ObamaCare, she explains:

> We have a one-shoe-fits-all situation, and I don't wear that shoe.

A young college student in Nebraska shared identical or similar concerns. She says:

> Through my job, I was previously able to work 32 hours a week, but am now only allowed 28 hours.
>
> That is a very significant amount of my already small college student budget.

Americans like these constituents do not want a law that decreases their earnings and mandates Washington-prescribed insurance that costs more with fewer benefits.

My colleagues and I stand ready to work toward a better health care alternative. We are committed to vigilant oversight of ObamaCare because Americans' health care and trillions in taxpayer dollars are at stake.

But it is my hope that Ms. Burwell, if confirmed, will reverse these troubling patterns at HHS and provide Congress and the American people with the responsiveness, the accountability, and the transparency this post requires.

With that, I yield the floor for my colleague, Senator SESSIONS.

The PRESIDING OFFICER. The Senator from Alabama.

Mr. SESSIONS. I thank my colleague.

I serve as the ranking member of the Budget Committee and have worked with Ms. Burwell in her now just 13 months, I think, of service in the tremendously important position of Director of the Office of Management and Budget. I do not believe she has the background, the qualities, and experience—proven managerial leadership—required at that huge Department of Health and Human Services. She has 500 people working in the budget office, and that is an important office. At HHS there are over 70,000. She once served on a board of a local hospital. She simply is not the person whom we need today to bring order out of the disarray we have in the health care system of this country and the total collapse of integrity and consistency in the implementation of ObamaCare.

There are a couple things I care about, but I really think it time for this administration to stop moving around insiders, political allies, and put some people in these critical positions capable of operating them at the highest possible level.

Ms. Burwell violated the Medicare trigger, for example. If the trustees of Medicare issue a report that it is heading to insolvency, it is a critical matter. The administration by law is required within 2 weeks to submit a plan to fix Medicare. They have been submitting this report for years.

As the President's director, under 31 U.S.C. 1105, Ms. Burwell was the person responsible for submitting Medicare legislation to Congress. We asked her about that before she was confirmed. During her hearings, she said she would ''do everything in her power'' to comply with the Federal law. Yet, despite this assurance, she refused to comply with the law and never submitted a plan. Don't we need a plan to fix Medicare? Don't we need the Chief Executive of America, through the budget director, to submit a plan to fix it?

She also violated the law and denied Congress needed transparency with respect to the health care law, the ObamaCare law. The Omnibus appropriations bill signed into law in January required HHS to include in its fiscal year 2015 budget a detailed accounting of spending to implement the health law. But neither the budget director, Ms. Burwell, nor the agency she now will head submitted sufficient information to comply with that.

My time is up, but I will say that I am very much taken with Ms. Burwell. She is a delightful person. Many of my colleagues think highly of her, and some, like our West Virginia Senators and others, really think she will do a good job. But this is not the right position for her. This government is drifting into disarray in a whole host of ways. We need the strongest possible, capable leader, with proven health care managerial experience for the good of America and for the good of President Obama. This is not the right nominee.

I thank the Chair and yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Mr. President, first let me comment on Sylvia Burwell, the nominee who is before us. She has done an excellent job as the Director of OMB. Her credentials are incredible. She is acknowledged by both Democrats and Republicans as being an outstanding manager, a person who is fully capable to manage HHS, an extremely important agency that has over 70,000 workers who work for Health and Human Services, has a

budget of over $1 trillion, and 11 Federal agencies. Sylvia Burwell is the right person to manage that agency and to move it forward in carrying out the very important work of our country.

For Maryland, I take pride because some of the agencies are headquartered in my State. The National Institutes of Health—world class. The best research in the world is done right here as a result of U.S. leadership, and that comes under HHS.

The FDA, which insures us safe products in food and drugs, is headquartered in Maryland. But, again, that is world class—the best in the world. It is important that we get the very best person as our Secretary, and Sylvia Burwell is that person.

CMS is headquartered in Baltimore, with Medicare and Medicaid—over 100 million people. Again, it is the best in the world. So I am very pleased that Sylvia Burwell is willing to step forward at this time to head that agency. I encourage my colleagues to confirm her nomination. We will have that vote a little later today.

I wanted to take a moment to thank Secretary Sebelius for her service to our country. Through very difficult times—and these have not been easy political times—she has steered a very steady ship at HHS and did this country proud. I thank her very much for her service to our country and for helping the hundreds of millions who have benefited from the services at HHS.

But a significant part of the mission at HHS is the implementation of the Affordable Care Act of 2010. I have heard my colleagues talk about it, so let me point out how much progress we have made. What a difference the Affordable Care Act has made. I would urge the people in this country to look at the facts. My colleagues make comments that just are not true. Look at the facts. The growth of health care costs has gone down. The projected expenses are less today than they were in 2010 when we passed the Affordable Care Act.

We have bent the cost curve of health care. Yes, the Affordable Care Act has helped us do it. One of the reasons is we have more people who have health insurance today and who have third-party payment. They go to doctors rather than emergency rooms. That brings down the growth rate of health care costs. We are keeping people healthier. That was the whole concept of the Affordable Care Act.

Unfortunately, for my friends on the other side of the aisle, their answer is: Repeal, repeal, repeal. They have no plan for health care. We have seen under the Affordable Care Act that we have implemented delivery system reforms that keep people out of hospitals, keep readmission rates down, that provide preventive health care, so that we keep people healthy. That was the concept of the Affordable Care Act. Now that we are implementing it—and it takes time to implement it because it is a complicated law when you are dealing with health care.

It would have been more helpful if we had had support to look at ways that we could make it even better. But we have not had that type of cooperation in the Congress.

So more people are insured. The cost rates have been brought down. We reduced the debt and deficit of this country. But for the passage of the Affordable Care Act, our deficits would be larger today. That is not one Member saying that. Look at what those who are charged with doing the projections for this country have said. They have said that the debt today is smaller as a result of the passage of the Affordable Care Act.

As far as those who pay the costs, the consumers who pay the health insurance premiums and pay the doctor bills and hospital bills, they have seen relief under the Affordable Care Act. There is guaranteed value for their insurance premium. At least 80 to 85 percent of that premium dollar must go to direct benefits. As a result, millions of Americans in 2012—over 8 million Americans—received rebates from their insurance company. They actually got checks back equaling about half a billion dollars.

Consumers are getting better value for their dollars. We know it is not easy at times for actuaries to be able to predict the exact costs of health care. But now we have protection in the code. If the premium they charge you is too much, you will get a rebate for the excess that you paid—real protection.

I must tell you, as I go around the State of Maryland—I know the Presiding Officer finds the same thing in the State of New Jersey—families are happy they can keep their adult children on their insurance policies until the age of 26. Millions of Americans have taken advantage of that provision in the Affordable Care Act. They are very happy about that.

I cannot tell you how many people I have talked to in Maryland who have benefited from the elimination of preexisting conditions or the fear of losing their insurance policy because someone has gotten sick. Insurance companies can no longer do that. So if you have a child with asthma and you are trying to get insurance, before the Affordable Care Act they would not have covered the cost of taking care of that child's asthma. Today you get full coverage.

We have eliminated preexisting conditions because that is what insurance should do. It should cover your needs. Now it does. Before the Affordable Care Act, there were limits, caps—no longer caps. People had insurance and still had to file personal bankruptcy. Those days are over thanks to the Affordable Care Act. It is being implemented in a way that Americans are benefiting from the passage and implementation of the Affordable Care Act.

In regard to our seniors and our disabled population who are covered under Medicare, they are very happy the preventive health care benefits are now without any copayment. They can take care of their health care needs. They can get the care they need.

As the Presiding Officer knows, when we passed the prescription drug plan, we had what is known as the doughnut hole, which is a coverage gap. After you incurred a certain amount of cost, then 100 percent was your expense. Many seniors had to leave prescription drugs on the counter at the drug store because they could not afford to pay for the cost of prescription drugs, even though they thought they had coverage.

Thanks to the passage of the Affordable Care Act, that is being eliminated today. We are providing full coverage. Despite the claims on the other side of the aisle, take a look at the facts. Medicare is more solvent today than it was before the passage of the Affordable Care Act. We helped ensure the future of Medicare by the passage of the Affordable Care Act. That is the fact. That is the record.

We are on this path to improve our health care system. It is working. We have reduced hospital readmissions. The accountable care organization is a provision where we take the creativity of private operators where they can work together to figure out how they can help people be healthier. In my State of Maryland, there are several that are working, that are figuring out ways they can use community facilities and health care to keep people healthier and to reduce the cost of health care and make it more efficient by delivery system reform. It is working. It is working.

We strengthened the primary care network. We all talk about that. We knew we had to provide more primary care doctors and nurses. We have done that under the Affordable Care Act. It takes time. But we are already seeing the benefit of that. We have increased dramatically community health center budgets. I have visited the community health centers in my State. I now see where they have mental health services being provided in the community that was not being provided before the Affordable Care Act.

They now have dental services that are being provided in underserved areas that were not being provided before the Affordable Care Act. We now have prenatal services that are being provided in communities that did not have that service before the passage of the Affordable Care Act. What is the result? For low birth-weight babies we have reduced that number. Infant survival rates are increasing.

I take pride that in supporting the Affordable Care Act I helped bring about those results. We are providing more resources in our communities. That is the record of the Affordable Care Act. That is what we have been able to do. I am particularly proud of the fact that under the essential health benefits, we now provide pediatric dental benefits. That is a little personal to

us in Maryland, because in 2007 we lost a youngster, a 12-year-old, Deamonte Driver.

He lived not more than 10 miles from here. His mom tried to get him to a dentist. He had a tooth problem. She could not get him to a dentist. Nobody would treat him. He had no insurance. His tooth decay became an abscessed tooth. That problem went into his brain. He had two emergency surgeries costing a quarter of a million dollars. He should have had $80 of dental care. That would have taken care of his needs. As a result of that, he lost his life.

This bill is making a huge difference. My point is this. For small businesses, they have greater choice and they have credits available to make it easier. We have expanded Medicaid. We have done a lot. We have the best health care in the world that is provided right here in the United States. We are now on the path of having the best health care system in the world. The Affordable Care Act helps us get there. We can take a giant step in that direction by approving the nomination of Sylvia Burwell as Secretary of Health and Human Services.

I yield the floor.

The PRESIDING OFFICER. The Senator from Louisiana.

Mr. VITTER. Mr. President, on April 29 of this year, Louisiana's House Republican delegation wrote a letter to Senator LANDRIEU, as well as myself, urging us to represent a majority of Louisianan's opinions and oppose the nomination of Sylvia Burwell to become HHS Secretary unless significant changes were made to the path we are on regarding the implementation of ObamaCare.

They asked us to oppose Ms. Burwell's nomination until an agreement is reached to provide for the equitable treatment and protection of all Americans under ObamaCare, and until the administration, including Ms. Burwell, committed not to pick and choose what parts of the law they would implement; not to pick and choose what deadlines they would meet, what deadlines they would ignore; not to pick and choose mandates they would enforce, such as the individual mandate, and what mandates they would ignore, such as the employer mandate.

This is that letter dated April 29. I ask unanimous consent that it be printed in the RECORD. I agreed with that sentiment. I agreed with those concerns. So I responded shortly thereafter in a letter dated May 19 that I would oppose Ms. Burwell's nomination because of those concerns, because there is no evidence that Ms. Burwell would put an end to any of that, would put an end to the administration's common practice of creating special rules for big business, special rules for Washington insiders, for not simply following the law, not simply implementing the law but picking, choosing, and doing parts of the law, such as delaying parts of the law when it was politically convenient.

The Senate's consideration of Ms. Burwell's nomination to become Secretary of HHS invited a conversation to discuss all of that, to discuss her responsibilities for the full, impartial, fair, legal implementation of ObamaCare. I paid attention very much to that discussion. I was hopeful about it. Unfortunately, it was disappointing, in my view, in terms of her responses.

During the nomination process, Ms. Burwell was asked on a number of occasions how she would continue to implement and enforce various aspects of ObamaCare. Again, these concerns obviously arose because of the administration's decisions to make more than 20 unilateral changes to the law as written, to timing, to applicability of various provisions.

One of these decisions which was particularly highlighted in my House colleagues' letter of April 29 was to give big business relief from the employer mandate while there was no relief for individuals. Millions will face a steep penalty—face it right now under the individual mandates. Not only did Ms. Burwell punt to the Treasury Department, her response failed to even acknowledge that the administration has failed to execute the law as written because the law is broken.

The American people have really had enough of the administration passing blame through certain Federal agencies or to bureaucrats or to Congress or to political parties. They have had enough of the blame game. They have had enough of finger pointing. What I find even more hypocritical in this regard is that the administration worked with many Members of Congress behind closed doors to give Congress and Washington insiders special treatment under ObamaCare, to give them a way to avoid higher costs and lower quality care, the way Americans are suffering from that.

So I will also oppose Ms. Burwell's nomination until the American people get the same relief from ObamaCare as the Washington elite, as the Washington exemption from ObamaCare, as the Congressional subsidy. To date, at least 4.7 million Americans, including 92,000 Louisianans, have had their health insurance plans canceled as a result of the mandates of the law.

Many of these folks were then dealt with a choice of going without health insurance or taking the gamble of purchasing an expensive plan on the government-run ObamaCare exchange.

Again, the law, as written, was intended to make every Member of Congress and our staff walk in those same shoes, but the administration, again, was fast and loose with the law and created a special rule contrary to statute. Ms. Burwell was part of that administration, creating a special exemption, a special subsidy, a special rule not found in the statute.

So in contrast to that experience of many Louisianians, millions of Americans, Members of Congress, and congressional staff can get out of that mandate of ObamaCare. Many congressional staff have been exempted from having to go to the exchange, which is clearly a requirement under the statute. Members of Congress and staff who do go to the exchange get a huge taxpayer funded subsidy—nowhere in the statute and nowhere available to any other American at the same income levels.

For all of these reasons, because of this disparate treatment, because of ignoring the law, because of amending the law over and over by administrative fiat, I have to oppose Ms. Burwell's nomination.

She gave no indication in any of her testimony or in any discussions leading up to this confirmation vote that she would change any of that, and it is pretty clear she will not.

I will oppose the nomination.

If Ms. Burwell is passed by the Senate as Secretary of the HHS, I urge her to take heed of these calls. We have a law before us. We need to follow the law—not in some cases but in all cases, not implement here but not there, not give some folks special treatment and special exemptions not found under the statute but implement the law as written.

That will be her responsibility as much as anyone in the administration. I urge her to be a true leader in the administration, to start doing that in an appropriate, legal way.

I ask unanimous consent to have printed in the RECORD the April 29, 2014, and May 19, 2014, letters I referred to previously.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

CONGRESS OF THE UNITED STATES,
Washington, DC, April 29, 2014.

Senator MARY LANDRIEU,
U.S. Senate, Hart Senate Office Building, Washington, DC.

Senator DAVID VITTER,
U.S. Senate, Hart Senate Office Building, Washington, DC.

DEAR SENATOR LANDRIEU AND SENATOR VITTER: We write to respectfully request that you place a hold on the nomination of Ms. Sylvia Burwell for Secretary of the Department of Health and Human Services until an agreement is reached to provide for the equitable treatment and protection of all Americans under the Affordable Care Act (ACA). The President's signature health care law, which contains a laundry list of job-killing mandates and taxes, is wreaking havoc on our economy and creating hardships for hardworking taxpayers who received cancellation letters for their health insurance policies due to unworkable ACA requirements. To date, at least 4.7 million Americans, including at least 92,000 Louisianans, have had their health insurance plans cancelled as a result of this law. In addition to losing their health insurance coverage, Americans across the country are seeing their health insurance premiums and deductibles skyrocket while their provider networks become narrower. In Louisiana, some individuals are seeing premium increases greater than 100%.

Since the passage of the ACA, the Obama Administration, through the Department of

Health and Human Services and the Department of the Treasury, has unilaterally delayed or changed the law at least 20 times. For instance, the Administration has delayed the enforcement of the employer mandate for large employers until 2015 and for businesses with between 50 and 99 employees until 2016. In December, the Department of Health and Human Services decided to vastly expand the ''hardship exemption'' to include individuals who ''received a notice saying that your current health insurance plan is being cancelled, and you consider the other plans available unaffordable.'' These actions, among many others, are tacit admissions that the Obama Administration knows this law is both unworkable and unpopular. Unfortunately, the Administration has yet to provide this relief to all Americans.

Families across Louisiana have faced cancelled health insurance plans, rising health insurance premiums, and the loss of access to doctors and hospitals while watching the Administration pick political favorites through selective exemptions from the ACA. It is wholly unfair for families to still be threatened with penalties from the IRS at the same time as insurance companies and businesses are granted unilateral relief. Please join us in calling for fairness for all under the law by placing a hold on Ms. Burwell's nomination until she agrees to provide equitable treatment for all Americans under the Affordable Care Act.

Sincerely,

STEVE SCALISE,
Member of Congress.
BILL CASSIDY,
Member of Congress.
VANCE MCALLISTER,
Member of Congress.
CHARLES BOUSTANY,
Member of Congress.
JOHN FLEMING,
Member of Congress.

U.S. SENATE,
Washington, DC, May 19, 2014.

Congressman STEVE SCALISE,
House of Representatives, Rayburn House Office Building, Washington, DC.

Congressman CHARLES BOUSTANY,
House of Representatives, Longworth House Office Building, Washington, DC.

Congressman VANCE MCALLISTER,
House of Representatives, Cannon House Office Building, Washington, DC.

Congressman BILL CASSIDY,
House of Representatives, Longworth House Office Building, Washington, DC.

Congressman JOHN FLEMING,
House of Representatives, Cannon House Office Building, Washington, DC.

DEAR LOUISIANA CONGRESSIONAL COLLEAGUES: I write in response to your letter asking to hold the nomination of Ms. Silvia Burwell for Secretary of the Department of Health and Human Services until an agreement is reached to provide the American people the same treatment under Obamacare as large businesses. 1 share your opinion that the Administration's decision to give large businesses relief from the employer mandate while millions still face a penalty under the individual mandate is both unfair and drives a deeper wedge between the American people and those with powerful lobbyists and access to power. What I find even more hypocritical is that Congress worked behind closed doors to give themselves special treatment under Obamacare to avoid higher costs and lower quality care. I will oppose Ms. Burwell's nomination until the American people get the same relief from Obamacare as the Washington elite and their corporate allies.

Like you, I have heard from hardworking Louisianans every day on skyrocketing premiums, higher out of pocket costs as a result of lower quality health plans being offered on the federal exchange, and limited access to their doctors. Members of Congress and their staff would be facing these exact consequences had they not bent the rules last summer to keep their generous employer-based, taxpayer funded subsidy to avoid higher costs and only make available high-quality, gold level health plans to ensure they were able to keep their doctors.

To date, at least 4.7 million Americans, including at least 92,000 Louisianans, have had their health insurance plans canceled as a result of this law. Many of these people were then dealt with the choice of going without health insurance or taking the gamble of purchasing an expensive plan on the government run Obamacare exchange. In contrast, high level Congressional staff who often negotiate directly with the Administration were able to alleviate the inconvenience of procuring their health insurance on the broken federal exchange and keep the plan they liked on the Federal Employee Health Benefits Program (FEHBP).

I join your efforts in calling for fairness for all under the law, and will oppose Ms. Burwell's nomination and any other bureaucrat that puts the needs of the political elite before the American people.

Sincerely,

DAVID VITTER,
U.S. Senator.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. KAINE. I rise today also to speak about health care issues, the Affordable Care Act, and Sylvia Mathews Burwell, the nominee to be Secretary of Health and Human Services.

The Affordable Care Act has completed its first year of open enrollment. Despite some significant technical challenges, 8 million Americans have used the State or Federal health insurance marketplaces, as created by the ACA, to access insurance.

I want to talk about the status of the ACA today, some challenges—including some comments made by my colleague from Louisiana—and then talk about Sylvia Mathews Burwell.

Of the 8 million Americans who have used the exchanges to access health insurance, over 216,000 of them are Virginians. In addition to the 8 million, 3 million more people have been enrolled in Medicaid or CHIP as of February—in addition to the marketplaces open—and those Medicaid and CHIP expansions were because of the Affordable Care Act provisions.

In addition, an estimated 3.1 million young adults have gained coverage by being able to stay on family policies until age 26. The combined number, just in this expansion of coverage, is now more than 14 million Americans.

Let me put that in context. One year in, 14 million Americans have insurance through the ACA. That is more than the total population of the following States: West Virginia, Idaho, Hawaii, New Hampshire, Montana, Delaware, South Dakota, North Dakota, Vermont, and Wyoming. One year in, more people have insurance through the ACA than the combined populations—entire populations—of those 10 States.

The number dwarfs the population of New Jersey, which is about 9 million today—this 14 million number, which is growing every day. So imagine a program, even with all the challenges and the rollout, within 1 year providing insurance to more people than the combined population of these 10 States, significantly more than the Virginia population as well.

Gallup has polled, since 2008, the percentage of Americans who don't have health insurance—American adults who don't have health insurance. The number was down to 13.4 percent when the poll was last taken in April, which is the lowest monthly uninsured rate since Gallup started taking this poll.

Have there been challenges? Sure. Have there been those who have had some difficulty? Sure. We have been dealing with them on the phone—as the Presiding Officer has too. But the uninsured rate is dropping dramatically. Even at 1 year with the problems, people are receiving insurance as a result of the ACA.

Each one of them has a story. Each one of them has a story of what it was like to live without health insurance and what it is like to live now with the security and comfort of health insurance—not only for when you get ill but also for when you are going to bed at night worried about what will happen to you if you get ill, what will happen to you if your spouse is in an auto accident, what will happen to you if your children get diagnosed with something that might well be a preexisting condition under an earlier day.

The stories aren't just about the 14 million who have health insurance because of the ACA. They are also stories of the nearly 20 million Americans who have received rebates because they overpaid premiums and the insurance companies now have to send them money. It is people who cannot be charged discriminatory rates because they are women. It is seniors who are able to get preventive care under Medicare for free or reduced-price prescription drugs for free. It is all the Americans who had preexisting conditions which would have blocked them from insurance coverage before the ACA passed.

Just briefly, I am one of these stories. When I went onto the open market to buy health insurance a couple of years ago—and like most good families, when you want to do something, you put this really smart person on it—my wife. She started to call around about health insurance. Two insurance companies said to her: We can write you a policy on four of your five family members.

One wouldn't insure me. I think politics is viewed as a dangerous line of work.

One wouldn't insure one of my children. Well, here is an important safety tip. Don't tell my wife or any wife or mother: We will only insure part of your family.

My wife said in each instance: I actually think this is against the law now. I think you have to provide insurance

for everybody, and not just for four of the five. The insurance company rep called the boss and then called back and said: We are sorry; you are right. We have to write you insurance on every member of the family.

Everybody has a story and increasingly these stories accumulate. Whether it's coverage or a preexisting condition ban or equal treatment in rates between men and women, these stories are starting to accumulate and are showing us that this ACA can and will be successful.

Of course, there are measures to improve it that we still need to embrace. I am proud to cosponsor today a bill that the lead sponsor, Senator FRANKEN, called the Family Coverage Act. It was introduced today.

The ACA requires large employers to offer affordable health care coverage to the employees. The IRS definition of affordability suggests that means that an employee's share of the premiums of individual coverage, rather than family coverage, is less than 9.5 percent of family income.

If the employee has an offer of affordable insurance, the employee in the family cannot receive premium tax credits. If it is not affordable, you can receive tax credits.

This measure of affordability, based on what the premium is for the individual, versus what the family premium is, leaves a lot of spouses and families cut out from the possibility of receiving tax credits under the ACA.

An average plan for an individual costs about $5,600, but according to the Kaiser Family Foundation, that average rises to about $15,700 for families. GAO estimates that the currently used definition of affordability would prevent nearly 460,000 uninsured kids from accepting tax credits, even though their parents qualify for the tax credit under the ACA. This is known as the family glitch. It was sort of an unforeseen consequence when the bill was written.

The Family Coverage Act, which Senator FRANKEN is championing with many other cosponsors, would change the definition of affordability within the ACA so that family members of the parent who works for a company that offers health insurance can qualify for tax credits as well.

I have cosponsored fixes and improvements to the ACA in the Small Business Tax Credit Accessibility Act, a small business tax credit enhancement, and in the Expanded Consumer Choice Act. Through a plan called the ''copper plan,'' it provides all of the coverage but at a lower premium, because those choosing the plan will pay more on the deductible so they can buy down their premium by more cost sharing.

There is the Commonsense Reporting Act of 2014, introduced by Senator WARNER, to ease the compliance burden on employers, and the Protect Volunteer Firefighters and Emergency Responders Act. Many of us were cosponsors of that bill. There is an act called the EACH Act, which is a technical correction to the religious exemption in the ACA.

I have also written a lot of letters to the administration asking them to do things within their administrative purview to make the act better.

This is what we should be doing. We shouldn't be talking about repealing the Affordable Care Act and taking 14 million people who have insurance through the ACA and telling them: Back out into street with you.

We shouldn't be talking about stonewalling a wonderful public servant from coming in and being head of the HHS. We should be engaged in the business of reforms and improvements.

This is what legislators do. When I was Governor of Virginia, my legislature would pass about 1,000 bills a year. They would come to my desk for my review, editing, amending, signing, and potentially vetoing. What I noticed was that of the action of my legislative body, 800 bills were reforms to existing law. Only about 200 were new laws.

What legislative bodies do is they go into existing laws, improve them, fix them, and make them better, and that is what we should be about here.

Certainly we have learned, through the bad rollouts and some other things, that nobody can stand back and say this thing is perfect and no reforms are needed. Reforms are always needed.

But I would also hope my colleagues might have learned something—those who wanted to repeal the Affordable Care Act. Those who were willing to shut down the Government of the United States to advocate a repeal of the Affordable Care Act should also be focused now on reforms not repeals, because repeals mean those 14 million would lose insurance and families like mine would now be subject again to being turned down because of preexisting health conditions.

It strikes me that the reform caucus is growing and the repeal caucus is shrinking—as it should. Every day finds more and more people who have had this experience and understand that the ACA should not be allowed to be repealed. I am thrilled that is occurring.

One more item about the Affordable Care Act. It has been stated by some, including some in this Chamber, that the Affordable Care Act has done a horrible thing by allowing Members of Congress and their staffs to get a subsidy in their health insurance that the American public doesn't get. Then there are those who have stood and made that case on the floor of this body, on television, and in this country. They have talked about that subsidy as this horrible thing that these congressional staffers—such as those who are sitting here at the desk or those who work in my office—shouldn't be getting.

The Presiding Officer knows—and I know—that statement is inaccurate. The subsidy that anyone gets in this building is an employer contribution to their health insurance premium. It has been a long and standard feature of employer-provided health care plans in this country that employers contribute to the health insurance of their employees.

In the private sector, over 55 million Americans have employers who contribute to the health insurance premium of their employees. Hard-working men and women who are working in this Senate or working in the House or who are working on congressional staffs have every bit as much right to have an employer that would contribute part of the premium cost for them as do the people who work at newspapers, automobile manufacturers, retail stores, and restaurants. All over this country, employer provision of a portion of the premium is a standard feature of how insurance has been provided for decades.

For those who say that Members of Congress are getting some special treatment, some congressional subsidy, when the reality—and they know the reality—is that this subsidy is just the employer-provided share of a premium that is standard among all Americans, I find it very troubling.

What would they propose? Would they propose that uniquely, if you happen to work for the article I branch—the legislative branch—you should be denied an employer contribution to your health insurance, just like other Americans get, because you work for the article I branch that is specified in the Constitution? I think that is essentially their argument.

I had not intended to get into this topic today, but I think it is very clear we should make plain to the American people that public servants who do work in this Chamber and in the House Chamber, and for Members who were elected in the States and districts in this country—they are entitled to the same kind of treatment by their employer, which is a standard feature of life in most American companies, nonprofits, State and local governments, and other institutions.

I have known Sylvia Mathews Burwell for 25 years. I met her when she was working for the Clinton administration as a young hotshot West Virginia student, educated at Harvard, a Rhodes scholar like some other notable Members of this body.

I am proud to support her confirmation to be Secretary of Health and Human Services. She has had a strong background not only in the public sector, most recently as the Director of the Office of Management and Budget, but she has also had a superb track record in the private sector. When dealing with health care issues, we know that strong private sector experience is very important in an issue that is so significant.

I have been very impressed with Sylvia Mathews Burwell's work in the Office of Management and Budget. I think she brought a more businesslike

and regular order approach to the Federal budgeting issues that are so important, and I think she will take that approach and expertise into the HHS position—not just around matters of the Affordable Care Act but around a whole portfolio of issues which are so critically important.

We have got to be about reforms and improvement. Sylvia Mathews Burwell is a person who walks in to work every day, wanting things to be better today than they were yesterday, and she has the experience to do this job. I am proud to stand and support her nomination.

Mr. President, I yield the floor and I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

Mr. COONS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

TRANSPORTATION INFRASTRUCTURE

Mr. COONS. Mr. President, in my home State of Delaware today we have a problem. Just this week the critical I–495 bridge over the Christina River in Wilmington—which carries more than 90,000 drivers each and every day, north and south on this critical artery on the east coast of the United States—was closed indefinitely.

While engineers and workers were on an unrelated project in the area, they noticed that four of the key pillars holding up the bridge were alarmingly slanted, causing widespread concerns about the bridge's safety and prompt action to shut it down.

Now as the Delaware Department of Transportation and the Federal Highway Administration do everything they can to get to the bottom of this problem and to work to make this bridge safe again, tens of thousands of commuters are forced onto already crowded streets and highways, creating even worse traffic for everyone in our area, hurting our economy, and taking people away from where they need to be.

It is, sadly, yet another example—one that hits particularly close to home for me—in a string of major infrastructure emergencies, some due to unforeseeable events, and some due to a long-term critical lack of investment that signifies why investment in our infrastructure is so important.

Every day when Americans drive to work or drop off their kids at school, they make a simple bargain, an unconscious bargain with their government: They assume the roads will be safe to drive on. They expect that if they drive safely, they will be able to get to where they need to go in a reasonable amount of time.

Unfortunately, it has been quite clear that while Americans keep doing what they can to move our Nation and our economy forward, we here in Congress aren't holding up our end of the bargain. We aren't meeting our responsibilities to invest in critical areas that we all know need work. We have a lot of infrastructure needs, but we simply aren't keeping up with them today.

This is about the end of the school year for most families with kids in school around the country. Like many other parents, I was going over with my kids what they think their grades are at the end of the year. Well, the country also gets a grade. We get a grade from the American Society for Civil Engineers. These are the folks whose job it is to manage and supervise and survey the health and capabilities of our infrastructure—our bridges and roads and highways. This group, the American Society for Civil Engineers, gave our roadways a D.

The Federal Highway Administration estimates that we are dramatically behind in investing in keeping our highways and bridges and tunnels up to speed. They say we need $170 billion more in capital investments every year to improve road conditions and performance.

That group of civil engineers, the ASCE, has also determined a quarter of our bridges are functionally obsolete or structurally deficient. In little old Delaware, that comes to 175 bridges that fail to meet what we would all expect of our government—Federal and State and county and local governments—that we maintain bridges to the highest level of safety that we would expect.

We will always face unforeseen crises and challenges, but this is one we can see coming. There may be hurricanes such as the great Superstorm Sandy that wiped out a lot of infrastructure in my region or there may be other unforeseeable events that impact our transportation infrastructure. But this one we have been seeing coming for years.

This inconvenience in Delaware—the closing of the critical bridge on 495 that has put so many at inconvenience—was nowhere near the biggest transportation disaster we have had in recent years. Just last year in Washington State, the Skagit River Bridge, built in 1955, literally collapsed after a truck drove into its framework. Seventy-one thousand drivers were using that bridge on a daily basis.

I think many of us remember, way back in August of 2007, tragedy struck Minneapolis when its I–35 West Bridge, which extends over the Mississippi River, literally collapsed under the rush hour traffic weight. More than 100 cars were thrown into the water, 13 people lost their lives, and 145 were injured.

If we don't act soon—together—we are going to face many more such tragic incidents like these. We have to address this problem and get over our unwillingness together to invest in infrastructure that we all depend on and value.

The simple fact, as I have said, is current Federal investments are not keeping pace with our needs. We are, sadly, months away from exhausting the Federal highway trust fund—the trust fund that finances much of the highway, bridge, and tunnel work around the country on the Interstate Highway System—because the gas tax that funds it hasn't risen in 20 years, but the amount of gas being consumed and thus gas tax revenue generated has gone down. Yet we don't seem here to have the political will to implement a solution to this basic problem that folks have been saying is coming at us, hurtling like an oncoming truck for years.

We talk a lot about our children—about the kind of world we want to leave them, about our hopes for the future, and it is just one of the reasons I am so concerned about our Nation's long-term balance sheet. Many of us talk about our Nation's deficits and our potentially crippling Federal debt. It is irresponsible of us to continue to rack up debt on our national balance sheet and leave it to our children and grandchildren. But I highlight today that when we neglect our transportation infrastructure—our highways and tunnels and roads and ports and bridges—these are things we use every single day in transporting our families and ourselves or goods to and from work or to and from home, to school, to soccer, to vacation. These are critical pieces of the American infrastructure. We are also racking up a huge debt there too. These investments have to be made one way or the other. I know we value these systems because we depend on them every day.

So if we can't come together in the short term to fix the highway trust fund, I am left to wonder how we are going to come together on the much larger problem of meeting our broader infrastructure needs, of which that trust fund is one small but crucial part. We face short-term, medium-term, and long-term problems. As I said, we have to fix this highway trust fund before it runs out of funding this summer. It is what often funds 80 percent of State highway work. It is a critical part of construction projects already scheduled to go on this summer. We have kept it funded by transferring money from the general fund for the last few years, but that is not how it is supposed to work. So we have got to come to terms with a solution that is responsible and meets this challenge.

We have a range of options, but none of them are appealing: Increasing the gas tax, putting a surcharge on vehicles, charging for vehicle miles traveled. All of these are unappealing politically, but it is essential that we come up with something to solve this long-term problem.

I thank Chairman WYDEN of the Finance Committee, who is working hard with other members of that committee even today to find a path forward and a solution.